

License No. \_\_\_\_\_

Date Issued \_\_\_\_\_

**APPLICATION FOR VENDOR REPRESENTATIVE LICENSE**

For the period May 1, 2005 to April 30, 2008

Please TYPE or PRINT

**INSTRUCTIONS**

1. Name of Applicant	<b>WHO MUST FILE</b> – The person representing the Vendor of Spirits with the Commission. Each Vendor of Spirits must have one and only one Vendor Representative.  <b>CHANGE IN EMPLOYMENT</b> – Notify the MLCC. Licenses will be transferred or put into escrow at no charge.  <b>PENALTIES</b> – Failure to obtain a required license is a violation of the Liquor Control Code. Submitting FALSE or INCOMPLETE information is also a violation. Violation of the Code may result in denial, suspension or revocation of the license and a fine.  <b>FILING THE APPLICATION</b> a. Make photocopies for your records b. Print applicant name in the space at the bottom of the form. c. Mail the application and a check for \$50 (payable to the STATE OF MICHIGAN) to the above address.		
2. Home Address (number, street, city, state, zip code)			
3. Home Telephone Number			
4. Business Address (number, street, city, state, zip code)			
5. Business Telephone Number			
<b>CHECK TYPE OF LICENSE:</b>		<input type="checkbox"/> New License \$50	<input type="checkbox"/> Transfer License (No Fee)
<b>To be completed by APPLICANT</b>			
6. Date of Birth	8. Have you ever been licensed by the MLCC? <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes indicate type of license and Year:		
7. Driver's License No.			
9. Have you ever been denied a license by the MLCC? <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes list facts, dates and places on a separate sheet.			
10. Do you or your spouse hold (or have financial interest in) a RETAIL license? <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes list licenses and places.			
11. Have you ever been arrested or convicted? <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes list facts, dates and places on a separate sheet.			
12. By signing this application I agree to abide by the provisions of the Liquor Control Code and the Administrative Rules of the MLCC. I also understand that submitting FALSE or INCOMPLETE information is cause for denial of the license and is a violation of the Liquor Control Code.			
Signature: _____		Date: _____	
CASHIER VALIDATION (do not write in this space)			
<b>To be completed by VENDOR OF SPIRITS</b>			
13. Name and Address of employer authorized to do business in Michigan:			
14. Business Telephone Number		15. FEDERAL ID Number	
16. I request the MLCC grant a VENDOR REPRESENTATIVE LICENSE to: _____			
Signature: _____		Title: _____ Date: _____	